

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 (858) 694-4601 <input type="checkbox"/> 325 S. MELROSE DR., VISTA, CA 92081-6634 (760) 940-6640 <input type="checkbox"/> 500 3RD AVE., CHULA VISTA, CA 91910-5649 (619) 691-4678 <input type="checkbox"/> 250 E. MAIN ST., EL CAJON, CA 92020-3941 (619) 441-4250		
CHILD'S OR CHILDREN'S NAME(S):		DATE(S) OF BIRTH:
		PETITION NUMBER(S):
POST-PERMANENCY PLAN REVIEW HEARING NONAPPEARANCE STATEMENT (Welfare & Institutions Code sections 366.3)		HEARING DATE & TIME: DEPT.:

As counsel for the child(ren), I state the following:

- a. ☐ I/my representative last visited/spoke with the child(ren) on: _____.
- b. ☐ I have received the review report submitted by the HHSA and hereby submit on the recommendations.
☐ I am aware that the recommendation is for termination of jurisdiction.
☐ The current permanent plan for the child(ren) continues to be appropriate.
- c. ☐ I have received the review report submitted by the HHSA, and I request that the matter be calendared for an appearance hearing for the reasons stated below.
- d. ☐ I have not received the review report in due course, and I request that the matter ☐ be continued for a nonappearance review ☐ be calendared for an appearance hearing for the reasons state below.
- e. ☐ I have not received the review report in due course, but I have spoken to the social worker, and I believe the recommendations will remain status quo. If so, I submit.
- f. ☐ To the best of my knowledge, there are no current legal issues that need to be resolved.
- g. ☐ The child(ren) would benefit from the appointment of a C.A.S.A.
- h. ☐ I have received and reviewed the following additional documents:

List reasons for requesting a hearing and/or state other information for the Court.

Date: _____

Signature _____